

<i>SERFF Tracking Number:</i>	<i>REGU-125474594</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Arch Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ARCH-08-007</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Terrorism Coverage Disclosure Notice - 2008</i>		
<i>Project Name/Number:</i>	<i>Terrorism Coverage Disclosure Notice - 2008/</i>		

## Filing at a Glance

Company: Arch Insurance Company

Product Name: Terrorism Coverage Disclosure SERFF Tr Num: REGU-125474594 State: Arkansas

Notice - 2008

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: ARCH-08-007

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Authors: Jeremy Battles, Christina Abate

Disposition Date: 02/19/2008

Date Submitted: 02/05/2008

Disposition Status: Approved

Effective Date Requested (New): 12/26/2007

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 12/26/2007

Effective Date (Renewal): 01/01/2008

State Filing Description:

## General Information

Project Name: Terrorism Coverage Disclosure Notice - 2008

Status of Filing in Domicile: Authorized

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/19/2008

State Status Changed: 02/19/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Arch Insurance Company (AIC) is respectfully submitting for informational purposes only the enclosed Terrorism Coverage Disclosure Notice (00 MLT0027 00 01 08) in response to the Terrorism Risk Insurance Program Reauthorization Act of 2007, which was signed into law on December 26, 2007 by President Bush.

This filing will be used with all policies for the applicable commercial lines of insurance (excluding workers

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compensation) for which AIC has adopted the Insurance Services Office (ISO) loss costs, rules and forms. These lines of insurance include the following:

- Commercial Property Lines
  - o Commercial Fire and Allied Lines
  - o Commercial Crime
  - o Commercial Inland Marine
  - o Boiler and Machinery
- General Liability
- Commercial Umbrella
- Businessowners

Enclosed for your review:

- Required State Filing Forms
- Terrorism Coverage Disclosure Notice – 00 MLT0027 00 01 08

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)

Jeremy Battles, Senior Analyst	jeremybattles@ircllc.com
50 Broad Street	(212) 571-3989 [Phone]
New York, NY 10004	

### Filing Company Information

Arch Insurance Company	CoCode: 11150	State of Domicile: Missouri
One Liberty Plaza	Group Code: 1279	Company Type: P&C
53rd Floor		
New York, NY 10006	Group Name: Arch Capital	State ID Number:
(212) 651-9863 ext. [Phone]	FEIN Number: 43-0990710	
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*Product Name:*      *Terrorism Coverage Disclosure Notice - 2008*  
*Project Name/Number:*      *Terrorism Coverage Disclosure Notice - 2008/*

## **Filing Fees**

Fee Required?      Yes  
Fee Amount:      \$50.00  
Retaliatory?      Yes  
Fee Explanation:  
Per Company:      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arch Insurance Company	\$50.00	02/05/2008	17830444

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	02/19/2008	02/19/2008

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## **Disposition**

Disposition Date: 02/19/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

Status: Approved

Comment: Will only go back to 1/1/2008 as the effective date.

Rate data does NOT apply to filing.

SERFF Tracking Number:	REGU-125474594	State:	Arkansas
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Product Name:	Terrorism Coverage Disclosure Notice - 2008		
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Authorization letter	Approved	Yes
Form	• Terrorism Coverage Disclosure Notice	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	• Terrorism Coverage Disclosure Notice	00 MLT0027 00 01 08	01 08	Disclosure/ Replaced Notice	Replaced Form #:0.00 00 MLT0027 00 02 06 Previous Filing #:		00MLT0027 000108.pdf

# TERRORISM COVERAGE DISCLOSURE NOTICE

## TERRORISM COVERAGE PROVIDED UNDER THIS POLICY

The Terrorism Risk Insurance Act of 2002 and amendments thereto (collectively referred to as the "Act") established a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. An act of terrorism is defined as any act certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

In accordance with the Act we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.

If your policy provides commercial property coverage, in certain states, statutes or regulations may require coverage for fire following an act of terrorism. In those states, if terrorism results in fire, we will pay for the loss or damage caused by that fire, subject to all applicable policy provisions including the Limit of Insurance on the affected property. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements that apply to those coverage forms, or to Legal Liability coverage forms or Leasehold Interest coverage forms.

**Your premium will include the additional premium for terrorism as stated in the section of this Notice titled DISCLOSURE OF PREMIUM.**

### DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. **The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer deductible during Program Year 2008 and each Program Year thereafter through 2014.**

### DISCLOSURE OF CAP ON ANNUAL LIABILITY

If the aggregate insured terrorism losses of all insurers exceed \$100,000,000,000 during any Program Year provided in the Act, the Secretary of the Treasury shall not make any payments for any portion of the amount of such losses that exceed \$100,000,000,000, and if we have met our insurer deductible, we shall not be liable for the payment of any portion of such losses that exceeds \$100,000,000,000.

### DISCLOSURE OF PREMIUM

Your premium for terrorism coverage is:

(This charge/amount is applied to obtain the final premium.)

**You may choose to reject the offer by signing the statement below and returning it to us. Your policy will be changed to exclude the described coverage.** If you chose to accept this offer, this does not have to be returned.

### REJECTION STATEMENT

I hereby decline to purchase coverage for certified acts of terrorism. I understand that an exclusion of certain terrorism losses will be made part of this policy.
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\_\_\_\_\_  
Policyholder/Legal Representative/Applicant's  
Signature

\_\_\_\_\_  
Named Insured

\_\_\_\_\_  
Print Name of Policyholder/Legal  
Representative /Applicant

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Policy Number:





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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	02/19/2008
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**Comments:**

**Attachment:**

AR.pdf

<b>Satisfied -Name:</b>	Authorization letter	<b>Review Status:</b>	Approved	02/19/2008
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**Comments:**

**Attachment:**

Filing Authorization Letter.pdf

**EXPEDITED FILING TRANSMITTAL DOCUMENT  
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) Arkansas

Indicate Type of Filing
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Arch Insurance Company	MO	11150	43-0990710

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Jeremy W. Battles Insurance Regulatory Consultants.LLC 50 Broad Street, Suite 501 New York, N.Y. 10004	(212) 571-3884	(212) 571-2502	emybattles@irccllc.cc

**Filing information**

Line of Insurance (see attachment)	35.0002 Commercial Interline Filings
Company Program Title (Marketing title) (if applicable)	Commercial Property, Crime, IM, B&M, GL, BOP, Umbrella
Filing Type ** see note below	Form Filing
This application is used with:	
Effective Date Requested	12/26/2007
Filing date	01/21/2008
Company Tracking Number	ARCH-08-007
Date filing approved in domiciliary state, if applicable	Pending

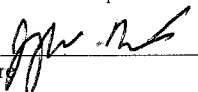
	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	terrorism Coverage Disclosure N	00 MLT0027 00 01 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	0 MLT0027 00 02 0	N/A
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☒ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- ☒ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Signature 

Jeremy W. Battles

Print Name:

Senior Analyst

Title:

# ARCH INSURANCE COMPANY

## **LETTER OF FILING AUTHORIZATION**

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of Arch Insurance Company. This authorization extends to all correspondence regarding this filing.

**Carol Kennedy**

Name

**January 21, 2008**

Date

**Vice President**

Title

**Arch Insurance Company**

Company



Signature

**(212) 651-9863**

Telephone Number

**Re: Arch Insurance Company  
NAIC Number: 1279-11150; FEIN # 43-0990710  
Commercial Lines Insurance  
Informational Form Filing - Terrorism Coverage Disclosure Notice  
Company File Number: ARCH-08-007**